



## FEE TRANSMITTAL

*Complete if known*

Application Number: 09/676,363

Filing Date: September 29, 2000

First Named Inventor: Loggie

Group Art Unit: 3762

Examiner Name: Deak, L.

Total Amt. of Payment: (1)+(2)+(3)= \$1,015

Attorney Docket Number: 0101-P01578US3

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments  to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within third month <u>490</u>  Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned appl. _____ Issue fee _____  Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) _____  <b>SUBTOTAL (3) <u>\$490</u></b>																					
<b>FEE CALCULATION</b> 1. <b>FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____  <b>SUBTOTAL (1) <u>\$0</u></b>																							
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extr</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">47</td> <td style="text-align: center;">-26</td> <td style="text-align: center;">= 21 x 25 = 525</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 0 x 100 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2) <u>\$525</u></b></td> </tr> </tbody> </table>					Paid	Extr	Fee	Total Claims	47	-26	= 21 x 25 = 525	Independent Claims	3	-3	= 0 x 100 = 0	Multiple Dependent (First presentation)					<b>SUBTOTAL (2) <u>\$525</u></b>		
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Submitted By: Christopher A. Rothe Reg. Number 54,650

Signature Christopher A. Rothe Date March 15, 2005 Deposit Account User ID 04-1406

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02 FC:2253 20.00 DA 490.00 OP